FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715047

(7)

BOYS & GIRLS CLUBS OF LAKELAND, INC.

FILED Feb 16 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		L ODDIRI RODDI. LIDDR DILLI DECAT DIDIR ADDR DEL	DIN QUANT BIRNI BIRNI BIRNI BURNI 1881
1525 MARTIN LUTHER KING		1525 MARTIN LUTHER KING AVE P.O. BOX 763 LAKELAND FL 33802-7763		3. Date Incorporated or Qualified	
P.O. BOX 763 (LAKELAND, 33802) LAKELAND FL-33801- 3138055				08/01/1968	
US		US		4. FEI Number	Applied For
2. Principal P	lace of Business	2a. Mailing Address	***************************************	59-0171815	Not Applicable
21		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 Charles Charles		27 City & State		Trust Fund Contribution	Added to Fees
City & State		28		7. Is this nonprofit corporation a homeo	
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible	
24 338		29 3	0	Personal Property Tax due June 30.	☐ Yes <
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
HOVEY	NEW O		81 Name Resy	K PERRY	
HICKEY, NEIL S 1525 MARTIN LUTHER KING JR AVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	TO AUG
LAKELAND FL 33805				S MARIN LUIRER NING	974.717/23
	7 E 00000		84 City		85 Zip Code
			ZA	KELAND	FL 33805
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of fire or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
office or registered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE .	Signature, lyped or proted of one bit registering gen	(ECUTIVE DIRECTOR equired when reinstating) DA	2-6-98		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	VP .	☐ DELETE	1.1 TITLE	VP	Change X Addition
NAME	TIMOTHY MCCAUSLAND		1.2 NAME	DANID JONES	
STREET ADDRESS	4624 SAN PAULO CT		1.3 STREET ADDRESS	PLANT CITY, FL 33566	
CITY-ST-ZIP TITLE	LAKELAND FL P	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	THAN CITY IL DOG TE	Change Addition
NAME	MYERS, GREG		2.2 NAME		
STREET ADDRESS	2014 COUNT COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY - ST-ZIP		
TITLE	VST	☐ DELETE	3.1 TITLE		Change Addition
NAME	JONES, GUERRY		3.2 NAME		
STREET ADDRESS	303 KENWITH RD		3 3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL D	DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE NAME	JONES, WILLIAM		4.1 TILLE 4. 2 NAMÉ		The circular The Manufacture
STREET ADDRESS	2303 BUCKINGHAM AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	BARCLAY, DONALD		5.2 NAME		
STREET ADDRESS	2012 LAKE BENTLEY CRT		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	1 APLETE	5.4 CITY-ST-ZIP		Chance Laddeler
TITLE		☐ DELETE	6.1 TITLE	D MONAGE AND	Change Addition
NAME CORET ADDRESS			6.2 NAME	TO CHUSTAN INC CHUS LAND	1
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TIMOTHY MCCAUSLAND 5093 FRONWOOD TRAI BARTOW, FL 3386	ر م
Unite Ste Zir			0.4 OILL-01-21		<u> </u>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Restory

REX PERRY

2-6-98 (941) 686-1719